Internal Revenue Service A E .. 0000 1

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

			<u> JUN 30, 2009</u>)
В	Check if applicat	cle: Use IRS Color Use IRS Col	D Employer identif	ication number
	Addr chan	ess label or WOMENS CIVIC IMPROVEMENT CLUB, INC.		
	Name	ge type. Doing Business As	94-1	179480
F	Initial return Termi	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	ation Amer	Instruc-		457-8661
	returr Appli tion	of town, state or country, and ZIP + 4	G Gross receipts \$	730,410.
١	pendi	F Name and address of principal officer:PETER BRIXIE	H(a) Is this a group r	
		3555 3RD AVENUE, SACRAMENTO, CA 95817	for affiliates?	Yes X No
1	Tax-ex	tempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	H(b) Are all affiliates inc	
		ite: ► N/A	H(c) Group exemption	list. (see instructions)
K	Type of	forganization: X Corporation	Year of formation: 1945	
P	art I	Summary		
ce	1	Briefly describe the organization's mission or most significant activities: WCIC PRO	VIDES PROGRAM	S AND
& Governance		SERVICES AIMED AT ASSISTING LOW-INCOME AND D		
Veri	3	Check this box if the organization discontinued its operations or disposed of a		
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1a)	3	9
SS	5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a)	4	9 21
Activities	6	Total number of volunteers (estimate if necessary)	5	30
Acti	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, 1997 (2)	888,956.	697,421.
Revenue	40	Program service revenue (Part VIII, line 2g)	0.	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, 27d)	89.	31.
	11	Other revenue (Part VIII, column (A), lines 3, 4, 1997 (A) Total revenue • add lines 8 through 11 (must equal Part VIII column (A))	40,086.	32,076.
	_	The state of the country of the state of the	929,131.	729,528.
	14	Grants and similar amounts paid (Part IX, column (A), lines Replacement. Benefits paid to or for members (Part IX, column (A), line (A)		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	528,942.	512,317.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	320/342.	312,317.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)		
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	288,403.	295,272.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	817,345.	807,589.
_ 8	19	Revenue less expenses. Subtract line 18 from line 12	111,786.	<78,061.>
ts o ance		-	Beginning of Year	End of Year
Asse Bala	20	Total assets (Part X, line 16)	1,463,061.	989,293.
Net Assets or Fund Balances	21 22	Total liabilities (Part X, line 26)	57,474.	93,009.
	irt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	1,405,587.	896,284.
0.700			nte and to the boot of my linewick	
		Under penalties of perjup, Reclare that I bave examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	dge.	ge and belief, it is true, correct,
Sigi	1	N X Yet X	1. 1.2/	-10
Her	е	Signature of officer	Date	<i></i>
		PETER BRIXIE, PRESIDENT		
		Type or print name and title		
Paid		Preparer's Date	a a life la a constante la cons	r's identifying number tructions)
	arer's	signature 01/20/10	self- employed (see ins	aucautia)
	Only	yours if JONES MCLEVASH GLAZER	EIN ►	
		self-employed), address, and SACRAMENTO CALLED S		
1400	the ID	SACRAMENTO, CALIFORNIA 95825 S discuss this return with the preparer shown above? (see instructions)	Phone no. ► (S	916)481-0845
	THE IM	NO UISCUSS [RIS FETURE WITH THE DRENGTER Shown above? (see instructions)		Yes No

Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X 1 If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... 4 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice 6 Х on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? 11 Х If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was Х prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Х and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity X located outside the United States? If "Yes," complete Schedule F, Part II 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 22 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. Х 24a If "No", go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a

Form **990** (2008)

25b

26

X

Х

Х

1

27

prior year? If "Yes," complete Schedule L, Part I

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified

person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			l
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			l
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity?			l
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			l
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

	Statements negating other inditinings and rax compliance				т
_	Established in Day 2 of Establ			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		1		
	U.S. Information Returns. Enter -0- if not applicable	1a	<u></u>		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		- ⊣		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r		4.0	X	100000000000000000000000000000000000000
_	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	00	21		
	filed for the calendar year ending with or within the year covered by this return	2a	******************	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		0-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered				Λ
	, , , , , , , , , , , , , , , , , , , ,		3b	-	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				x
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		A
b	If "Yes," enter the name of the foreign country:	.	— 		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
	Financial Accounts.				Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transc				Α_
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity		_		
_	Tax Shelter Transaction?				X
	Did the organization solicit any contributions that were not tax deductible?		6a	 	122
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		6b		
_	were not tax deductible?		00		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	e than \$752	7a	**********	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>	
C	to file Form 8282?		7c		X
A	If "Yes," indicate the number of Forms 8282 filed during the year	1			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a				
·	benefit contract?		7e	1000000000	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont				Х
g					X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-				X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec				
•	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring o				
	excess business holdings at any time during the year?		8	1	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter: N/A				
а	A STATE OF THE STA	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter: N/A				
а		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	n 1041?	12a		
	If "Ves " enter the amount of tay-everyt interest received or accrued during the year. N/A	12h			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management		V	NI-
	The state of the s		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstance	'S,		
_	processes, or changes in Schedule O. See instructions. Enter the number of voting members of the governing body.	9		
_	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b	9		
ь	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2	**********	X
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervisio		-	
3				X
_	of officers, directors or trustees, or key employees to a management company or other person?	1	+	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			X
6	Does the organization have members or stockholders?		-	1
/a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a		Х
_	governing body?			X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		'	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	8a	X	c-p000000000000000000000000000000000000
_	The governing body?			
b	Each committee with authority to act on behalf of the governing body? Does the organization have local chapters, branches, or affiliates?			X
			'	1 -==-
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with those of the organization?			
40	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	J.		
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	\mathbf{x}	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		,	
11	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	.	X
800	organization's maining address? It res, provide the mames and addresses in ochequie o		<u>' </u>	
<u>Je (</u>	GIOTI B. I OIIGES		Yes	No
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
Ü	to conflicts?	12	ь	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			T
·	in Schedule O how this is done	12	С	
13	Does the organization have a written whistleblower policy?	L	3	X
14	Does the organization have a written document retention and destruction policy?		1	X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15	а	X
. b	Other officers or key employees of the organization?	1	b	X
_	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16	а	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participal	ion		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16	b	
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	available for		
-	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	policy, and f	inancia	
. •	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	organization	:▶	
_•	BOOKKEEPER - (916)457-8661			
	3555 3RD AVENUE, SACRAMENTO, CA 95817			
0000		-	004	10000

12-18-08

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(((D)	(E)	(F)	
Name and Title	Average hours	(c		Posi call t			ly)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
PETER BRIXIE PRESIDENT	2.00	Х		х				0.	0.	0.	
BRENDA USHER	2.00	Λ		Λ		 		0.	0.	<u></u>	
SECRETARY	2.00	Х		X				0.	0.	0.	
STEVE BALISTRERI								_		,	
DIRECTOR	2.00	X	ļ			-		0.	0.	0.	
DOROTHY BENJAMIN DIRECTOR	2.00	X						0.	0.	0.	
LORETTA BOWLIN	2.00	1	ļ	 							
DIRECTOR	2.00	X						0.	0.	0.	
DR. DAVID COVIN											
DIRECTOR	2.00	X	ļ	ļ				0.	0.	0.	
J.D. ROWLETTE DIRECTOR	2.00	Х						0.	0.	0.	
SARAH RICHEY	2.00		<u> </u>		-						
DIRECTOR	2.00	X	ļ			<u> </u>		0.	0.	0.	
DIANE WADSWORTH-WOOLLEY	2 00	.,							_	_	
DIRECTOR	2.00	Х						0.	0.	0.	
				-							
1											

Part VII Section A. Officers, Directors,	Trustees, Key E	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) (B) (C) (D)								(E)	(F)	
Name and title	Average		Position (check all that apply)					Reportable	Reportable	Estimated
	hours per	(cl	heck	(all	that	app	ly)	compensation from	compensation from related	amount of other
	week	rector						the	organizations	compensation
		e or di	28			sated		organization	(W-2/1099-MISC	· •
		fruste	al trus		88	mber		(W-2/1099-MISC)		organization and related
		Individual trustee or director	Institutional trustee	×	Key employee	Highest compensated employee	je.			organizations
		ig.	lust	Officer	ξe.	High Figure	Ē			
								·		
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		_	-	 			<u> </u>			
			+	-		+				
1b Total						▶		0.		0.
2 Total number of individuals (including t	hosę in 1a) who r	eceiv	/ed r	nore	tha	an \$1	100,	,000 in reportable		
compensation from the organization	· · · · · · · · · · · · · · · · · · ·									Yes No
										163 140
3 Did the organization list any former off										3 X
line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the								ther compensation from		3 22
4 For any individual listed on line 1a, is the and related organizations greater than										4 X
5 Did any person listed on line 1a receive										
the organization? If "Yes," complete So										5 X
Section B. Independent Contractors										
1 Complete this table for your five higher	st compensated in	ndep	end	ent (cont	tract	ors	that received more than	\$100,000 of comp	ensation from
the organization. NONE								(D)	-	(0)
(A) Name and busi	ness address							(B) Description of	services	(C) Compensation
									-	
O Table was finding a dark and the	ara (in algelia a the	i	4)	ıb a		مارد ما	mo	re than \$100,000 in cor	moensation	
2 Total number of independent contract	ors (including the 0	se in	i) W	VI 1O	ece	aved	HIO	ne man prou,uuu in cui	препванин	
from the organization	<u> </u>								188	Form 990 (2008

Pε	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e f	Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1b 1c 1d 1tions) 1e 6 1ts, and 1f 1s 1a-1f. \$	2,335. 662,486. 32,600.	697,421.			
Program Service Revenue				Business Code	755555555555555555555555555555555555555			
	' a							
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	dividends, interes	est, and oroceeds	31.	31.		
	6 a Gross Rents 19 b Less: rental expenses 19 c Rental income or (loss) 19	(i) Real 19,295.	(ii) Personal					
	1	Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	19,295.	19,295.		
Other Revenue	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line	g events (not of 1c). See					
Other		Part IV, line 18 Less: direct expenses Net income or (loss) from fund	b	6,518. 882.	5,636.	5,636.		
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	a					
	10 a	Net income or (loss) from game Gross sales of inventory, less and allowances	returns a					
		Miscellaneous Revenu MISCELLANEOUS		Business Code 900099	7,145.	7,145.		
		All other revenue		•	7,145.			
	12	Total Revenue. Add lines 1h, 2g, 3,			729,528.	32,107.	0.	0.
83200 02-02)9 -09							Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B). (C), and (D).

	lude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants	and other assistance to governments and				
organiz	zations in the U.S. See Part IV, line 21				
2 Grants	s and other assistance to individuals in				
the U.	S. See Part IV, line 22				
3 Grants	s and other assistance to governments,				
organi	izations, and individuals outside the U.S.				
See P	art IV, lines 15 and 16				
4 Benef	its paid to or for members				
5 Comp	ensation of current officers, directors,				
truste	es, and key employees				
6 Compe	ensation not included above, to disqualified				
persor	ns (as defined under section 4958(f)(1)) and				
persor	ns described in section 4958(c)(3)(B)				
7 Other	salaries and wages	378,957.	366,457.	12,500.	
8 Pensio	on plan contributions (include section 401(k)				
and se	ction 403(b) employer contributions)	99,918.	97,882.	2,036.	
9 Other	employee benefits				
0 Payro	ll taxes	33,442.	33,442.		
1 Fees	for services (non-employees):				
a Mana	gement				
b Legal					
c Acco	unting	23,100.	23,100.		
d Lobb	ying				
e Profes	ssional fundraising services. See Part IV, line 17				
	tment management fees				
g Other	·		<u> </u>		
12 Adve	rtising and promotion	956.	956.		
13 Office	e expenses	1,856.		1,856.	
14 Inforn	nation technology				
I 5 Royai	ties	24 545	10 262	24 202	
I6 Occu	pancy	34,545.	10,262. 617.		
		617.	017.		
•	nents of travel or entertainment expenses				
	y federal, state, or local public officials				
	erences, conventions, and meetings				
20 Intere					
-	nents to affiliates	58,545.	42,017.	16,528.	
	eciation, depletion, and amortization	10,368.	5,064.		
23 Insur		10,300.	5,004.	3,304.	
	expenses. Itemize expenses not covered . (Expenses grouped together and labeled				
misce	llaneous may not exceed 5% of total				
	ses shown on line 25 below.)	40 102	40 102		
	TRITION & FOOD	40,193.	40,193.		
	Y-CARE FACILITY	26,658.	26,658.		
	NITORIAL CLASSROOM/OF	22,016.	12,752.		
	PPLIES - CLASSROOM/OF	16,378.	16,378.		-
e <u>O'l'E</u>	IER EXPENSE	13,220.	2,618.		
	her expenses	46,820.	23,109.		
	functional expenses. Add lines 1 through 24f	807,589.	701,505.	106,084.	0
	Costs. Check here 🕨 🔛 if following				
	98-2. Complete this line only if the organization				
	ted in column (B) joint costs from a combined				
educa	tional campaign and fundraising solicitation				Form 990 (2008

1 Cash - non-interest-bearing 93,692. 117,971.	3.33	3.36.2.388	balance offeet			(A) Beginning of year		(E End o	3) f year	
2 Savings and temporary cash investments 2 34,950 3 Pedges and grants receivable, net 42,885 3 34,950 4 Accounts receivable, net 960 4 1,040 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 6 6 Receivables from current and former officers directors, trustees, key employees, or other related parties complete Part II of Schedule L 6 7 Notes and closurs receivable, net 7 7 Notes and closurs receivable, net		1	Cash - non-interest-bearing				1			71.
a Piedgee and grants receivable, net 4 Accounts receivable. The mourrent and former officers, directors, trustees, key 8 Receivables from current and former officers, directors, trustees, key 8 Receivables from current and former officers, directors, trustees, key 8 Receivables from current and former officers, directors, trustees, key 8 Receivables from current and former officers, directors, trustees, key 9 Receivables from current discussibilities of seasons (as defined under section 9 SS(R)(1) and persons obscirbed in section 4958(c)(7)(5). Complete Part It of Schedule L 9 Repair of Schedule L 10 Land volldrings, and equipment cost bails 10 Land volldrings, and equipment cost bails 10 Land volldrings, and equipment cost bails 10 Less: accountaited depreciation. Complete Part It of Schedule D 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Interruptie assets 15 Other assets See Port IV, line 11 16 Total assets Add lines 1 through 15 firmust equal line 31 17 Accounts payable and accorded expenses 18 Other assets See Port IV, line 11 19 Deferred venerue 20 C 645 - 18 5 4 , 5611 10 Deferred venerue 20 C 645 - 18 5 4 , 5611 21 Earn's accorded to the publicly Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 20 Task exempt bood liabilities 21 Secured mortageas and notes payable to urrelated third parties 22 Total liabilities. Add lines 17 through 25 and lines 33 and 34. 1 J 405 , 587 . 27 895 , 054 24 Unrestricted net assets 1 J 405 , 587 . 27 895 , 054 25 Total liabilities. Add lines in 17 through 25 57 , 474 . 28 93 , 009 . 26 Organizations that follow SFAS 117, check here ► IX and complete lines 27 through 29, and lines 33 and 34. 1 J 405 , 587 . 27 895 , 054 25 Total liabilities. Add lines and l		2					 		,,	
98								3	34.9	50.
Secure S							_			
## employees, or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons da defined under section 4958(i)(1) and persons described in section 4958(i)(3)(6). Complete Part II of Schedule L		i				300.	 -		1,0	10.
9 Receivables from other disqualified persons (as defined under section 9 4988(r)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost basis 10b Less: accumulated depreciation. Complete Part IV of Schedule D 10b 671,302 . 1,319,423 . 10c 829,399. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - productines. See Part IV, line 11 14 Intangible assets 15 Total assets. Add lines 1 through 15 (must equal line 34) 1,463,061 . 16 989,293 17 Accounts payable and accrued expenses 19 Deferred revenue 2,250 . 19 1,7750. 20 Taxexempt bond liabilities 21 Estrow account liability. Complete Part IV of Schedule D 22 Payables to current and forms officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II described third parties 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Cotter liabilities. Add lines 17 through 35 57,474 26 93,009. 26 Total flabilities. Add lines 17 through 35 57,474 26 93,009. 27 Organizations that disons PARS 117, check here land complete lines 27 through 29, and lines 33 and 34. 28 Retained earning, endowers 1, check here land complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Total leabilities. Add lines 17 through 35 57,474 26 93,009. 31 Total leabilities and cent seasets 32 Capital stock or trust principal, or current funds 33 Total net assets or fund balances 34 Total flabilities. Add lines 17 through 35 57,474 37 39 39,099. 35 Part Xt Financial Statements and Reporting 4 Accounting method used to prepare the Form 990: Caph X Accrual Other 2a Were the organization's financial statements accimited by an independent acco							_			
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Solid Inventories for sale or use	(0	7	***************************************							
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Organizations that follow SFAS 117, check here		25	Other liabilities. Complete Part X of Schedule D				25			
Organizations that follow SFAS 117, check here		26	Total liabilities. Add lines 17 through 25			57,474.	26	9	3,0	09.
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34 Total liabilities and net assets/fund balances Part XI Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b X c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? 3b X	ž	33				1,405,587.		89	6.2	84.
Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? 3b X		34								
1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2b X b Were the organization's financial statements audited by an independent accountant? 2b X c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? 3b X	Pai	t XI							<u> </u>	
Accounting method used to prepare the Form 990:									Yes	No
Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? 3b X	1	Acco	ounting method used to prepare the Form 990:		seb X Accrual	Other				
b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? 3b X	_							0-		Y
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3b X b If "Yes," did the organization undergo the required audit or audits? 3b X	_								V	
review, or compilation of its financial statements and selection of an independent accountant? 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? 3b X										
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3b X	C									ĺ
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3a X b X	0 -								X	<u> </u>
b If "Yes," did the organization undergo the required audit or audits?	3a								,,	
										
832011 12-18-08 Form 990 (2008)				it or au	udits?					

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		WOMENS (CIVIC IMPROV	EMENT	CLUB	, INC	•		94	-1179	480	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part	.) (see inst	ructions)				
The organ		•	oecause it is: (Please ch									
1 🖳	A church, cor	rvention of churches	, or association of chur	ches descr	ibed in se	ction 170	(b)(1)(A)(i)	•				
2			0 (b)(1)(A)(ii). (Attach Sc									
3			al service organization									
4	A medical res	search organization o	perated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii)	. Enter the	e hospital'	s nam	ie,
	city, and stat											
5	•	•	penefit of a college or un	niversity ov	vned or op	erated by	a governr	nental unit	described	ı in		
		(b)(1)(A)(iv). (Comple			1:	. 470/51/4	VAV.					
6 L 7 X			ent or governmental uni eives a substantial part					r from the	annoral nu	ıblic doce	ibod i	in
7 <u>X</u>	_	b)(1)(A)(vi). (Complet		or its supp	on nom a	governine	illai uilli O	i iioiii iiie į	Jeneral po	IDIIC Gesci	ibeu i	*11
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗔	-		eives: (1) more than 33			rom contri	butions. m	embership	fees, and	l aross rec	eipts	from
•			ctions - subject to certa									
			axable income (less sec									
		509(a)(2). (Complete										
10	An organizati	ion organized and op	erated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4). (see inst	ructions)			
11			erated exclusively for the									or
	more publicly	/ supported organiza	tions described in secti	on 509(a)(1	1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Chec	k the box	that	
			organization and compl						. —	-		
	a Type			, ,	e III - Func	-	-			Type III - C		
e 📖			t the organization is not han one or more publicl									
f			ten determination from						(4)(1) 01 30	2011011 000	(Δ)(Δ).	
•	=	rganization, check th										
g		-	rganization accepted a									
J			irectly controls, either a								Yes	No
			upported organization?							11g(i)	··	ļ
	(ii) A family	member of a persor	described in (i) above?	·						11g(ii)		ļ
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) above	e?		• • • • • • • • • • • • • • • • • • • •			11g(iii)		
h	Provide the f	ollowing information	about the organizations	s the organ	ization sur	oports.						
		Т	(iii) Type of	(C.) 45		(a) Did		(vi) lo	the			
` '	of supported	(ii) EIN	organization		organization sted in your		ion in col.	(vi) Is organizațio	n in col. l	(vii) Am)f
org	anization		(described on lines 1-9		document?			(i) organize U.S.	ed in the ?	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				i								
					-		<u> </u>					
					1							
							 					
										··-··		
Total												
	Privacy Act a	nd Paperwork Redu	ction Act Notice, see t	the Instruc	tions for l	Form 990		Schedule	A (Form	990 or 99	0-EZ	2008

832021 12-17-08

Schedule A (Form 990 or 990-EZ) 2008 WOMENS CIVIC IMPROVEMENT CLUB, INC. 94-11794 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

10				C	70 . £	D4 1 1
(Complete o	oniv it vou	cnecked t	ne box on	line 5.	/. or a or	Part I.)

Sec	tion A. Public Support										
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	950,249.	774,470.	888,323.	888,956.	697,421.	4,199,419.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 - 3	950,249.	774,470.	888,323.	888,956.	697,421.	4,199,419.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
_6	Public Support. Subtract line 5 from line 4.						4,199,419.				
Sec	ction B. Total Support										
Cal	endar year (or fiscal year beginning in)▶		(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
7	Amounts from line 4	950,249.	774,470.	888,323.	888,956.	697,421.	4,199,419.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	17,400.	15,409.	13,749.	14,239.	19,326.	80,123.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on						·				
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10						4,279,542.				
12	Gross receipts from related activities	, etc. (see instructi	ons)			12					
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectic	n 501(c)(3)					
	organization, check this box and sto					····	>				
Se	ction C. Computation of Pub	lic Support Pe	rcentage			T T					
14	Public support percentage for 2008 (,	•	***		14	98.13 %				
15	Public support percentage from 200					15	<u>%</u>				
16a	33 1/3% support test - 2008. If the	-					. [77]				
	stop here. The organization qualifies										
k	o 33 1/3% support test - 2007. If the	~		-							
	and stop here. The organization qua										
178	10% -facts-and-circumstances tes										
	and if the organization meets the "fac										
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
ŧ	b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
	more, and if the organization meets t										
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publi	icly supported org	anization	>				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	<u> </u>				
					Scho	edule A (Form 990	or 990-EZ) 2008				

Section A. Public Support						ox on line 9 of Part
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and	(a) 2004	(b) 2003	(6) 2000	(a) 2007	(e) 2008	(i) Total
membership fees received. (Do not						
include any "unusual grants.")						
						-
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose		ļ				
3 Gross receipts from activities that						
are not an unrelated trade or bus-			,			
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	,					
the organization without charge	1					
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						,
b Amounts included on lines 2 and 3 received	5					
from other than disqualified persons that						
exceed the greater of 1% of the total of lines 9,						
10c, 11, and 12 for the year or \$5,000					-	
c Add lines 7a and 7b						8
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support			1	T	<u></u>	T
Calendar year (or fiscal year beginning in)		(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income	-					
(less section 511 taxes) from businesses	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business	s					
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						<u> </u>
13 Total support (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14 First five years. If the Form 990 is f	-			=		
check this box and stop here				• • • • • • • • • • • • • • • • • • • •		>
Section C. Computation of Put					T	
15 Public support percentage for 2008					15	
16 Public support percentage from 200					16	
Section D. Computation of Inve	<u>estment Incon</u>	<u>ne Percentage</u>		···		
17 Investment income percentage for 2	2008 (line 10c, colı	umn (f) divided by lir	ne 13, column (f))		17	
18 Investment income percentage from	n 2007 Schedule A	A, Part IV-A, line 27h			18	•
19a 33 1/3% support tests - 2008. If th					33 1/3%, and line	17 is not
more than 33 1/3%, check this box	-					
		, . vigainaunun quai	ou at a publicly	Jupportou organiz		
			line 14 or line 10	a and line 16 ic m	ore than 33 1/204	and
b 33 1/3% support tests - 2007. If the	ne organization did	not check a box or				. —
	ne organization did heck this box and	not check a box or stop here. The orga	anization qualifies	as a publicly supp	orted organization	ı ▶ <u> </u>

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

WOMENS CIVIC IMPROVEMENT CLUB, INC.

Employer identification number 94-1179480

Pai	tl Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may l	be used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible p	private benefit? Yes No
Pai	till Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	nistorically important land area
	Protection of natural habitat	Preservation of cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a co	nservation easement on the last day
	of the tax year.		[00000000]
			Held at the End of the Year
а	Total number of conservation easements		2a
b	-		
С	Number of conservation easements on a certified historic str	, ,	
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the taxable
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
•			
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	· · · · · · · · · · · · · · · · · · ·	
9	and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion's illiancial statements that describe	is the organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or	Other Similar Assets.
01/20/1000	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea		
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		ance sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, of		
	these items:	, , , , , , , , , , , , , , , , , , ,	,,
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

832051 12-23-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (other)

1a Land

b Buildings

c Leasehold improvements

d Equipment

e Other

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

(b) Cost or other basis (other)

(c) Depreciation

(d) Book value

1, 500, 701 • 671, 302 • 829, 399 • 829, 3

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
	<u> </u>			
Table (0-1/k) about a suite as 000 Part V and (D) line 40 \				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)		- 10		
Part VIII Investments - Program Related. S	İ	9 13.	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value		Cost or end-of-year mar	
				· · · · · · · · · · · · · · · · · · ·
				· · · · · ·
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶				
Part IX Other Assets. See Form 990, Part X, line				4.5
(a)	Description			(b) Book value
	<u></u>		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990, Part X, col (B) I	ine 15.)		>	
Part X Other Liabilities. See Form 990, Part X,				
(a) Description of liability		(b) Amount		
Federal income taxes				
Total. (Column (b) should equal Form 990, Part X, col (B) I	ine 25.)			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

1

	dule D (Form 990) 2008 WOMENS CIVIC IMPROVEMENT C				L179480	Page 4
Pa	TXI Reconciliation of Change in Net Assets from Form 990 to	Finan	cial Stateme	nts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)					,528.
2	Total expenses (Form 990, Part IX, column (A), line 25)					,589.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				< 78	,061.
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities					
6	Investment expenses				-421	0.40
7	Prior period adjustments				<431	,242.
8	Other (Describe in Part XIV)				< 4.2.1	242
9	Total adjustments (net). Add lines 4-8					,242.
10 Pa	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 **TXII Reconciliation of Revenue per Audited Financial Statements.	nte Wi	th Revenue r	or Peturn	<509	,303.
1	Total revenue, gains, and other support per audited financial statements					,666.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		***************************************	·····	<u> </u>	, 000.
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities		180,2	56.		
С	Recoveries of prior year grants					
d	Other (Describe in Part XIV)		8	82.		
е	Add lines 2a through 2d			2e	181	,138.
3	Subtract line 2e from line 1				729	<u>,138.</u> ,528.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XiV)	4b				
c	Add lines 4a and 4b					0.
_ 5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)					,528.
Pa	TXIII Reconciliation of Expenses per Audited Financial Statem					
1	Total expenses and losses per audited financial statements			1	988	<u>,727.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	100 0			
a	Donated services and use of facilities		180,2	56.		
b	Prior year adjustments					
c	Losses reported on Form 990, Part IX, line 25			00		
d	Other (Describe in Part XIV)			82.	101	1 2 0
e	Add lines 2a through 2d					,138. ,589.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part \(\) X, line 25, but not on line 1 :			3	807	, 303.
7 2	Investment expenses not included on Form 990, Part VIII, line 7b	40				
a h	Other (Describe in Part XIV)	T				
c	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	807	,589.
Pa	TXIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II. lines 1	a and 4: Part IV. I	nes 1b and 2	b: Part V. line	4: Part
	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	,			, , , ar , , , , , , , , , , , , , , , ,	1,1 0.11
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
FUI	NDRAISING EXPENSES: 882.					
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					
Tile er	IDDATATING EUDENGEG. 000					
r Ul	NDRAISING EXPENSES: 882.					·········
				**		
				Coh	ule D (Form 0)	000 0000

·12/7/2009 10:30:17AM

wcic 6/30/P~(40741] Depreciatic _zxpense Federal

Sorted: General - category

EIN/SSN: Applied For... 07/01/2008 - 06/30.

				07	07/01/2008 - 06/30/2009	30/2009					•
System No. S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ S Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
BUILDING (3)											
- 23	IMPROVEMENT BUILDING	10/14/1966 SL / N/A 5/28/1992 SL / N/A	SL / N/A SL / N/A	5.0000	67,625.00 583,346.00	100.0000	00.0	0.00	67,625.00	0.00	67,625.00
Subtotal: BUILDING Less dispositions and exchanges:	exchanges:			ł	650,971.00		0.0	0.00	302,178.70		316,762.35
Net for: BUILDING	ı			Γ.	£ 650,971.00	1	00:0	00.0	302,178.70	14,58	7316,762.35
EQUIPMENT HEAD START 62	102 Te			11		11					
80	FULLY DEPREC	11/15/2000 SL / N/A	SL / N/A	5.0000	65,713.00	100.0000	0.00	0.00	65,713.00	0.00	65,713.00
5 C	STORAGE CAB	6/30/2001 SL / N/A 8/6/2003 St / N/A	SL / N/A	5.0000	161.00	100.0000	0.00	0.00	161.00	0.00	161.00
=	REFRIGERATOR		SL / N/A	5.0000	1,500.00	100.000	8 8	000	7,458.33	25.00	1,500.00
5 5	DISHWASHER	8/6/2003	SL / N/A	5.0000	3,840.00	100.0000	0.00	0.00	3,776.00	64.00	3,840.00
S 4	WASHEH/DHYE FOLIDAENT	8/6/2003 SL / N/A	SL / N/A	5.0000	1,000.00	100.0000	0.00	0.00	983.33		1,000.00
5	PROJECTOR	7/31/2005	SL / N/A	7.0000	1.099.00	100.000	9 9	0.00	457.92	157.00	660.32 614.92
16 5	KITCHEN EQUIF	6/30/2005	SL / N/A	7.0000	65,443.00	100.0000	0.00	0.00	28,047.00	9,349.00	37,396.00
Subtotal: EQUIPMENT HEAD START	FIANO EAD START	8/10/2006 SL / N/A	SL / N/A	7.0000	3,000.00	100.0000	0.00	0.00	821.43	428.57	1,250.00
Less dispositions and exchanges:	exchanges:				145,388.00 0.00		00.0	9 00 0	104,391.62 0.00	10,243.62	114,635.24 0.00
Not for: EQUIPMENT HEAD START	AD START				T 145,388.00	!	0.00	0.00	104,391.62	-	2,114,635.24
FURNITURE C.				'11		JI					
თ •	FURNITURE AN	10/14/1966 SL / N/A	SL / N/A	7.0000	123,333.00	100.0000	0.00	0.00	123,333.00	0.00	123,333.00
	HVAC GAS RANGE	12/31/2006 SL / N/A 9/18/2007 SL / N/A	SL / N/A SL / N/A	10.0000 7.0000	17,659.00	100.0000	0.0	0.00	2,648.85	1,765.90	4,414.75
Subtotal: FURNITURE					142,243.00		0.00	0.00	126,115.88	1,944.61	128,060.49
Less dispositions and exchanges:	exchanges:				0.00		0.00	0.00	0.00		0.00
Net for: FURNITURE				L.I	142,243.00		0.00	0.00	126,115.88	1,944.61	7 128,060.49
IMPROVEMENTS HEAD START G.Z.	START OZ										
89 \$	TILE FLOORING	11/5/2002 SL / N/A	SL / N/A	7.0000	10,500.00	100.0000	0.00	0.00	8,500.00	1,500.00	10,000.00
20 20	ROOF	12/7/2003 SL / N/A 3/12/2003 SI / N/A	SL / N/A	7.0000	15,000.00	100.0000	0.00	0.00	9,821.44	2,142.86	11,964.30
21	PLAYGROUND	9/15/2003 SL / N/A	SL / N/A	20.0000	24,950.00	100.0000	0.00	0.0	6,029.58	1,247.50	7,277.08
22	FIRE ALARM S	7/31/2005 SL / N/A	SL / N/A	7.0000	16,825.00	100.0000	00:0	00.0	7,010.41	2,403.57	9,413.98
2 23	WATER HEATE	7/31/2005 SL / N/A	SL / N/A	7.0000	5,300.00	100.0000	0.00	0.00	2,208.33	757.14	2,965.47
25	BUILDING IMPE	8/1/2006 9	N N N	20.000	120,650,00	000.000 100.000	0.00	0.00	11,255.55	3,751.85	15,007.40
58	FENCING	8/27/2007 SL / N/A	SL / N/A	7.0000	24,680.00	100.0000	0.00	000 000 000 000 000	16,547.45 2.938.09	3,525,71	25,180.90 6.463.80
27	ELECTRICAL UI	7/20/2007 SL / N/A	SL / N/A	39.0000	105,000.00	100.0000	00:0	0.00	2,467.95	2,692.31	5,160.26
29	FOUNTAINS	8/2/2007 SL / N/A 7/3/2007 SL / N/A	SL / N/A SL / N/A	7.0000 7.0000	16,755.00 5.550.00	100.0000	00.0	0.00	2,194.11	2,393.57	4,587.68
Subtotal: IMPROVEMENTS HEAD START	IS HEAD START				510,909.00		0.00	0.0	80,070.57	31,772.97	111,843.54
ť											

EIN/SSN: Applied For... 07/01/2008 - 06/30.

Sorted: General - category

WCIC 6/30/P~ [40741] Depreciatic __xpense

12/7/20C3 10:30:17AM

Federal

07/01/2008 - 06/30/2009

Chiefen Me	,											
System NO.	- 1	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Beg. Accum. Adi. Depreciation	Beg. Accum. Depreciation	Current	Total
Less dispositions and exchanges:	is and exc	changes:				00:00		0.00		0.00	00:00	0.00
ONA .		EW IS ON			• 111	510,909.00	.]	0.00	0.00	80,070.57	31,772.97	(2)11,843.54
								:				
മ		LAND 2ND AVE	10/14/1966 No Calc / N/A	o Calc / N/A	0.0000	20,957.00	100.0000	0:00	0.00	0.00	000	0
Subtotal: LAND	-	LAND SHD AVE	10/14/1966 No Calc / N/A	o Calc / N/A	0.0000	30,233.00	100.0000	00:00		00:0	0.00	00.0
Less dispositions and exchanges:	s and exc	handes.				51,190.00		00:00		00:0	0.00	0.00
Net for LAND		2			ſ	0.00	`	0.00	0.00	0.00	0.00	0.00
					1	L 51,190.00		0.00	00:0	0.00	0.00	0.00
Subtotal:												
Less dispositions and exchange:	s and exc	hanoa.				1,500,701.00		00.0	0.00	612,756.77	58,544.85	671,301.62
Brand Totals:		· co			ļ	0.00		0.00	0.00	0.00	0.00	0.00
						1,500,701.00		0.00	0.00	612,756.77	58,544.85	671,301.62

42,016,59 202 2C, 478 78 I 16.528.26 2 OU 44,822.84 I 671,301.62 58,544.85 Dept 01 Dept 02

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No.	1545-0047
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LU	UU
Open t	o Public
Inspec	

Employer identification number Name of the organization WOMENS CIVIC IMPROVEMENT CLUB, INC. 94-1179480 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND CHILDREN. FORM 990, PART VI, SECTION A, LINE 10: FORM 990 PROVIDED TO GOVERNING BODY AT AUDIT EXIT INTERVIEW. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST. NO CHANGE FROM PRIOR YEAR.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008